

Attached is a new release issued by the National Indian Health Board announcing Sen. Dorgan's bill (S. 3508) to reauthorize the SDPI for an additional five years. A similar bill was introduced by Diana DeGette (H.R. 3668) last September. A copy of the Dorgan bill is not available yet, I have attached a copy of the House bill.
JIM

March 2, 2010

NIHB Applauds the Introduction of a Bill to Reauthorize the Special Diabetes Program for Indians

Washington, DC - American Indians and Alaska Natives (AI/AN) carry the heaviest burden of diabetes in the United States, but today Senator Byron D. Dorgan (D-ND), Chairman of the Senate Committee on Indian Affairs, has introduced S.3058 to amend the Public Health Service Act to reauthorize the special diabetes programs for Indians. S. 3508 would appropriate \$200 million per year for an additional five years to continue the Special Diabetes Program for Indians (SDPI).

The bill co-sponsors include Senators Collins (R-ME), Baucus (D-MT), Inouye (D-HI), Hatch (R-UT), Stabenow (D-MI), Durbin (D-IL), Bunning (R-KY), Cochran (R-MS), Crapo (R-ID), Grassley (R-IA), Johanns (R-NE), Lincoln (D-AR), Murkowski (R-AK), Schumer (D-NY), Shaheen (D-NH), and Warner (D-VA). This new legislation would provide an increase of \$50 million per year for the SDPI, a program which Congress established in 1997 to prevent and treat diabetes in AI/AN populations.

Today, the SDPI supports nearly 400 grant programs offered through Indian Health Service, Tribal and Urban Indian health programs in 35 states. American Indians and Alaska Natives are 2.2 times more likely to be diagnosis with the diabetes in comparison with non-Hispanic Whites and their cause of death is 3 times more likely link to the diabetes than the rest of the U.S. population.

"I am proud of what the Special Diabetes Program for Indians has accomplished. This program has been life-saving to people who have diabetes, life-changing for those who have avoided diabetes because of early detection and prevention efforts, and perhaps most importantly, it is helping to ensure a diabetes-free future for our children and future generations," said Buford Rolin, Vice-Chairman of the National Indian Health Board and Co-Chair of the Tribal Leaders Diabetes Committee.

The SDPI supported programs have resulted in a decrease of 13% in the mean blood sugar level (A1C), which translates to a 40% reduction in diabetes-complications. "Since this program was created, the key health indicators (blood sugar control, cholesterol levels and kidney function) have improved! When a health program like SDPI is works, it only makes sense to continue it and save more lives," said Stacy A. Bohlen, NIHB Executive Director.

The SDPI is one of the most strategic and comprehensive diabetes treatment and prevention programs in the country, but there is still considerable work to be done. Of particular importance is developing better interventions and monitoring systems for the emerging health problems of childhood obesity and Type 2 diabetes. The additional resources being proposed in this legislation can help turn the tide of diabetes throughout Indian Country.

NIHB Vice Chairman Rolin said, "NIHB is very pleased to see this legislation being introduced. We thank Senator Dorgan and Senator Collins, Co-Chair and Founder of the Senate Diabetes Caucus with the fifteen (15) bi-partisan co-sponsors of this bill. No one should have to suffer from this disease when preventative methods are effectively reaching our AI/AN people to reduce diabetes-related complications. If we are to win the war against diabetes, we must work to ensure the long term viability of SDPI."

For more information about the Special Diabetes Program for Indians, please visit the Indian Health Service website:

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPI>

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The National Indian Health Board advocates on behalf of all Tribal Governments and American Indians/Alaska Natives in their efforts to provide quality health care. Visit www.nihb.org for more information.

To access the NIHB Press Release, please click here <http://osimail4.us/p/?_p=1996-79/1A2VGKRC5-2/Gallery_PR-03.02.10.pdf>

<<http://www.odysseyservices.net/oo/oo.aspx?id=31996-5761304-79-arose@ncai.org>>

111TH CONGRESS
1ST SESSION

H. R. 3668

To amend the Public Health Service Act to reauthorize the special diabetes programs for Type I diabetes and Indians under that Act.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 29, 2009

Ms. DEGETTE (for herself, Mr. CASTLE, Mr. KIRK, Mr. SPACE, Mr. COLE, Mr. KILDEE, and Mr. BECERRA) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to reauthorize the special diabetes programs for Type I diabetes and Indians under that Act.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. REAUTHORIZATION OF SPECIAL DIABETES**
4 **PROGRAMS FOR TYPE I DIABETES AND INDI-**
5 **ANS.**

6 (a) SPECIAL DIABETES PROGRAMS FOR TYPE I DIA-
7 BETES.—Section 330B(b)(2) of the Public Health Service
8 Act (42 U.S.C. 254e–2(b)(2)) is amended—

1 (1) in subparagraph (B), by striking “and” at
2 the end;

3 (2) in subparagraph (C), by striking the period
4 at the end and inserting “; and”; and

5 (3) by adding at the end the following:

6 “(D) \$200,000,000 for each of the fiscal
7 years 2012 through 2016.”.

8 (b) SPECIAL DIABETES PROGRAMS FOR INDIANS.—
9 Section 330C(e)(2) of the Public Health Service Act (42
10 U.S.C. 254c-3(e)(2)) is amended—

11 (1) in subparagraph (B), by striking “and” at
12 the end;

13 (2) in subparagraph (C), by striking the period
14 at the end and inserting “; and”; and

15 (3) by adding at the end the following:

16 “(D) \$200,000,000 for each of the fiscal
17 years 2012 through 2016.”.

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